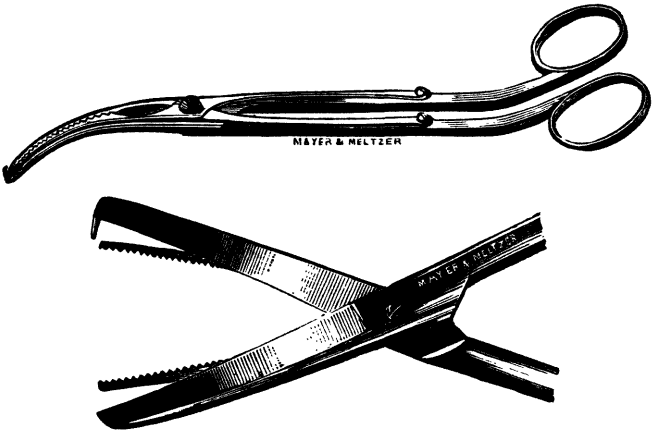
Many observations are at hand to show the advantages of the method in pulmonary complaints. We want well-recorded results of the plan employed for the most distressing form of phthisis, viz., laryngeal phthisis. It is doubtful whether the rectal injections are really any more efficacious than the administration of sulphuretted hydrogen by other less objectionable methods. Very excellent results have been claimed for the administration of H^2S by means of the stomach, and Dr. Wood recently recorded his opinion that the administration of half an ounce to one ounce of saturated H^2S solution in a tumbler with two or three ounces of CO^2 water run into it from a highly charged siphon, and given three to five times a day, is quite as effective as the rectal injection. We have ourselves recently obtained most beneficial results from the administration of Eaux Bonnes and CO^2 water, in a case of asthma with pulmonary catarrh and emphysema, in which ordinary remedies failed. The methods may sometimes be combined with advantage. Our own experience, derived from experiments in progress at the Throat Hospital in London, has led us to think well of the new treatment, and to endorse the opinion expressed by Cohen before the Philadelphia County Medical Society, "That sufficient evidence exists to demonstrate its value as a legitimate therapeutic measure." R. N. W.

INSTRUMENTS AND THERAPEUTICS.

MACDONALD, GREVILLE.—A New Uvulatome. *Lancet, May* 7, 1887.

THE object of the instrument is to leave the cut surface on the



posterior aspect of the uvula, without drawing the latter forwards

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with forceps; which process, according to the inventor, tends to denude the muscular substance of mucous membrane. The only objection to the instrument is that the operator is dependent upon the velum being kept at rest in the lax condition. But in this there is seldom any difficulty, since the elongated uvula is generally accompanied by a semi-paretic condition of the palate, both conditions being probably dependent upon congestion, the latter affecting the muscular structures as well as the mucous membrane.

SCHUTZ (Mannheim). — **Forceps for the Removal of Adenoid Vegetations of the Naso-pharynx.** *Centralblatt für Chirurg. ü. Orthopæd. Mechanik.* 1886.

THIS instrument differs from all other cutting forceps (Loewenberg, Schech, Mackenzie, Catti, Michael). It operates in a sagittal direction, and the two ring knives of the forceps cut the growths from behind forwards. The author claims to be able with this instrument to remove the growth in one sitting.

MICHAEL (Hamburg).

FAUCHER.—Apparatus for Gaseous Injections. *Gaz. des Hôp., June* 4, 1887.

THIS apparatus consists of a large vessel in which is placed a packet of bicarbonate of soda, and which also receives the sulphuretted hydrogen. The flask is closed by a caoutchouc stopper, which is perforated by a movable tube; to this tube is suspended a reservoir, which is filled with sulphate of soda. When the tube is lowered, the reservoir is plunged into the liquid in the flask, and there is a liberation of gas. This is at once arrested by raising the reservoir out of the fluid, and "tuyant" the tube. JOAL.

BERGEON AND CORNIL.—Rectal Injections. *Société Anatomique, May* 13, 1887.

A COMMUNICATION of the treatment of laryngeal and pulmonary tuberculosis by rectal injections of sulphuretted hydrogen. Last October, six rabbits were taken, and were rendered tuberculous by exposing them to inhalations and pulverizations of tubercular sputum. Three, taken as a control experiment, died in eight to ten days; the other three were submitted to rectal injections of two litres of carbonic acid gas charged with sulphuretted hydrogen, administered twice a day. The treatment lasted thirteen days. Amelioration was very rapid. On the thirteenth to the fourteenth day these rabbits regained their normal aspect. They were then killed, and though presenting the appearance of normal health, caseous nodules were found in the

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lungs containing bacilli. The conclusion is that rectal injections of sulphuretted hydrogen transform what would be rapid lesions into conditions which advance slowly instead of quickly. JOAL.

WOLFENDEN, R. NORRIS.—Iodol: An Effective Substitute for Iodoform. *Practitioner*, vol. xxxviii., No. 5, 1887.

IODOL is very rich in iodine, containing only 7 per cent. less than iodoform, but parting with it more readily than the latter body. No toxic symptoms follow its constant use, and it is therefore preferable to iodoform on this account, and also because it is quite as effective, and further possesses neither smell nor taste. It is one of the best applications for ulcerations of the mouth, pharynx, larynx, and nose, ozæna, scrofulous ulcerations, specific conditions, &c. The author can confirm the statements of Lublinski, that the ulcers of phthisical laryngitis will heal completely under daily insufflations of iodol. The author uses the following preparations :—

1. Insufflations of the pure powder. It is more important to cover the diseased surface than to measure the dose.

2. Mazzoni's solution: Iodol, 1 part; alcohol, 16 parts; glycerine, 34 parts—a useful brush application, or coarse spray.

3. Iodol, 1 drachm; glycerine, 1 drachm; vaseline, 7 drachms—as a brush application.

4. Pastilles of iodol: Iodol, 1 grain; glycerine, 1 minim; glycogelatine, 18 grains. These are much preferable to iodoform pastilles and are the most serviceable of all for chronic pharyngeal conditions.

5. Iodol, 1 drachm; ether, 1 ounce—a spray or brush application.

6. Iodol bougies containing $\frac{1}{2}$ grain iodol in each, for nasal conditions.

7. Iodol wool, 10 per cent. for tampons, &c.

8. Iodol gauze for dressings.

Iodol possesses all the properties of iodoform, is antiseptic, anæsthetic, a promoter of granulation and healing, arrests suppuration, and deodorizes foul secretions, and is to be preferred to iodoform on account of its pleasant and slight odour, and absence of taste. Its effects are quite as rapidly obtained.

WAGNER, W. G.—Direct Oxygenation in Croup as a Substitute for Tracheotomy. *Brit. Med. Jour.*, *April* 16, 1887.

IN cases where operation is declined, the required amount of respirable air may be supplied by generating oxygen and conducting it to a cone over the child's face. The relief afforded is equal to that of tracheotomy, and oxygenation of the patient seems to lend strength to cast off the membrane.

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KUH, E. J. (Chicago).—**The Etiology and Cure of Asthma.** *Journal of the Am. Med. Assoc., January* 29, 1887.

DESCRIBES his own case, in which decided relief has followed the electric cauterization of the nasal mucous membrane. Gives a *résumé* of Hack's opinions, and says that after reading them, could bring on an attack of asthma by rubbing his ala nasi against the septum. Dr. Kuh takes occasion to remark, during the course of his article, that "it is as impossible to contract an acute bronchitis through temperature influences alone, as it is to contract tuberculosis through a cold." He is also of the opinion that "respiratory diseases are *inhaled*, not caught," and that the superstition of catching cold "is so pernicious because it diverts attention from the entrance-way of disease-generators." J. N. MACKENZIE.

DIPHTHERIA.

SMITH, J. LEWIS (New York).—**The Local Treatment of Diphtheria.** *Med. News, April* 9, 1887.

AFTER a short retrospect of the views for and against the local nature of diphtheria, Smith inclines to the belief in its constitutional origin, but insists on the importance of careful local treatment. The following solutions are recommended for use in spray or with a brush :—

(1) ℞ Acid carbolic, gtt. x.
Liq. ferri subsulphate, ʒiij.
Glycerin, ʒij.
M.

Dilute with equal quantity of water for use in spray.

(2) ℞ Aquæ chlorinæ, ʒj.
Sodii bicarb., ʒss.
Mellis
Glycerin } āā ʒss.
Aq. calcis, ʒiv.
M.

(3) For nasal diphtheria :—
℞ Acid boric., ʒij.
Sodii borat., ʒij.
Sodii chlorid., ʒj.
Aq., Oj
M.

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